



2014 Open Enrollment for Health Benefits & Flexible Spending Accounts

Questions and Answers

Premium Rewards Program

Question: If an employee is not currently receiving the premium reward because they didn't do the second half of the requirement, do they only have to do the second requirement, or do they have to do both requirements again?

Response: The member would only have to complete the missing requirement.

Question: Employees who did the premium reward last year, will it be ongoing that they don't have to do it again after 6/30/15?

Response: 2015-2016 Plan Year benefits, including Premium Rewards, have not been developed.

Question: Employees that did half of the premium reward, do they have a deadline and can they go until 8/31/14?

Response: The deadline for completing the requirements is based on the member effective date of coverage in COVA Care or COVA HealthAware.

- Effective Dates from July 1, 2013 through March 1, 2014 have a May 31, 2014 deadline.
- Effective Dates from April 1, 2014 through July 1, 2014 have a July 31, deadline.

Question: Will onsite screenings be available this year? Can we request a site visit?

Response: On-site biometric screenings are not an option at this time. Screenings may be completed by your physician or at a LabCorp location. Forms with complete instructions for both options are available at MyActiveHealth.com/COVA.

Question: Is the Employee Direct option available to check the status of premium rewards?

Response: Yes, the premium reward status information is available in EmployeeDirect. Employees will need to access the Health Benefits Enrollment and Information page and follow the instructions: Click on the option "View Current Health Benefits Profile". Reward is displayed in Section 3: Health Care Coverage Election.

Question: Will employees be able to call Active Health instead of using the www.myactivehealth.com/cova website?

Response: If an employee or spouse does not have Internet access, they can call ActiveHealth to complete a telephonic health assessment and request the biometric screening form.

COVA HealthAware and the Health Reimbursement Arrangement (HRA)

Question: Why do we discuss the “use it or lose it” rule. I thought there was a rollover provision?

RESPONSE: The “use-it or lose-it” rule applies to Flexible Spending Accounts (FSA). The Health Reimbursement Arrangement (HRA) included with the COVA HealthAware plan does have a rollover provision. Any funds remaining in the account at the end of the plan year will “roll over” and can be used in subsequent years as long as the employee remains in COVA HealthAware.

Question: If an employee enrolled in COVA HealthAware pays out of pocket for a covered service how will the employee get reimbursed from the HRA?

Response: Any claim for covered services filed by an in-network provider that results in out-of-pocket costs to the participant will automatically run through the HRA. If there are funds in the HRA, they will be applied to the out-of-pocket cost. Participants should contact the Aetna Health Concierge if they have any claims problems.

Question: Are the HRA funds left for rollover good for this year or do they need to be used for last year’s expenses only?

Response: The funds that remain in the HRA are available for covered services for either plan year. The account balance continues to roll over each year and can be used for covered medical, behavioral health and prescription drug out-of-pocket expenses as long as the member remains in COVA HealthAware.

Question: Can the “Do Rights” be done outside the Aetna claims system for the \$50 contribution? If an enrolled spouse is covered by their own (not COVA HealthAware) insurance for dental and vision as their primary payer, how can they get credit for their dental and vision exams and earn their “Do Right” contribution?

Response: The member has to make sure the provider submits the claim to Aetna as their secondary insurance even if they owe nothing. Remember, all COVA HealthAware participants have coverage for a routine vision and preventive dental exam. If the claim is submitted the member will receive the “Do Right” credit even if Aetna pays nothing as the secondary coverage.

Kaiser Permanente HMO

Question: I am thinking about enrolling in the Kaiser Permanente HMO. How do I know if I am eligible?

Response: To enroll in the Kaiser Permanente HMO, you must live or work in the plan’s service area. Visit the [Kaiser Permanente website](#) specific to Commonwealth members to see if your zip code is listed. Choose “View Your Plan Options” on the home page and then scroll down and click on the “Zip Codes We Serve” bar. Contact your Benefits Administrator if you have questions.

Flexible Spending Accounts (FSAs)

Question: When will the new FSA Sourcebooks be available?

Response: The FSA Sourcebooks are available. Agencies are able to order supplies of the sourcebooks from the Commonwealth's mailing house.

Question: Can a member use the FSA check card to pay day care expenses?

Response: No, the FSA debit card is for health care accounts only.

Question: I thought there was a "rollover" provision now for Flexible Spending Accounts. Is that available this year?

Response: In the fall of 2013, the IRS released [Notice 2013-71](#), which modified the "use it-or-lose it" rule for Health Flexible Spending Accounts (Health FSAs). The IRS gave the Commonwealth and other employers the option to allow up to \$500 of unused Health FSA funds to be carried over to the next plan year. Due to several administrative concerns, DHRM has decided not to implement this option for the upcoming plan year.

Question: The former FSA vendor had a mobile app that allowed claims to be submitted on the app. Is Anthem considering adding that to their mobile app?

Response: Anthem is currently working with the FSA claims administrator on the possibility of a mobile application.

General Questions

Question: When will we see the new premiums and know that they are final?

Response: The proposed premiums for the 2014-2015 plan year are included in the *Spotlight* newsletter. The premiums and plan benefits may change subject to final state budget approval. If the premiums change, DHRM will notify employees.

Question: Will there be an opportunity for employees to make changes if plan premiums or benefits change based on the final state budget?

Response: At this time, we do not foresee a need for a second election period based on final approval of the state budget. Proposed changes to your benefits and premiums are provided in the open enrollment materials. If other changes are made, the Office of Health Benefits will provide notice of the changes and, if applicable, guidance regarding available election options.

Question: Can an employee without health care coverage use the Employee Assistance Program (EAP)?

Response: Only employees enrolled in a health plan have access to EAP services. The benefit also includes services to covered dependents and members of the employee's household. Certain counseling services are available to state agencies, including all agency employees, when they are affected by agency-specific tragedies or high-stress events.